

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 0 0 1

2. STATE:

Wisconsin

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1924 SSA

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$0

b. FFY 2002 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A p. 26a .....

Attachment 2.6-A Supplement 1 p. 4a .....

Attachment 2.6-A Supplement 13 p. 1 .....

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same

Same

Same

10. SUBJECT OF AMENDMENT:

Annual cost of living changes in resource eligibility standards

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Peggy L. Bartels*

13. TYPED NAME:

Peggy L. Bartels

14. TITLE:

Administrator, Division of Health Care Financing

15. DATE SUBMITTED:

March 30, 2001

16. RETURN TO:

Peggy L. Bartels

Administrator

Division of Health Care Financing

P.O. Box 309

Madison, WI 53701-0309

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

03/30/01

18. DATE APPROVED:

5/9/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

*Cheryl A. Harris*

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator

Division of Medicaid and Children's Health

23. REMARKS:

State: Wisconsin

Citation	Condition or Requirement
1924 of the Act	<p>13. The agency complies with the provisions of § 1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.</p> <p>When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:</p> <p><input type="checkbox"/> the maximum standard permitted by law;</p> <p><input type="checkbox"/> the minimum standard permitted by law;</p> <p><input checked="" type="checkbox"/> a standard that is an amount between the minimum and the maximum.</p> <p>The maximum is \$87,000.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

Income limits do not apply to institution cases. See Supplement 6 to Attachment 2.6-A for institution income level (special income level under 42 CFR 435.231 and 435.1005).

A. MANDATORY CATEGORICALLY NEEDY

1. SSI-Related Groups Other Than Poverty Level Aged and Disabled Individuals:

1. \$437.11  
(+ actual shelter up to \$176.67)
2. \$662.72  
(+ actual shelter up to \$265.33)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WISCONSIN

SECTION 1924 PROVISIONS

- A. Income and resource eligibility policies to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924.
- B. In the determination of resource eligibility the State resource standard is \$87,000.00.
- C. An institutionalized spouse who (or whose spouse) has excess resources shall not be found ineligible under Title XIX of the Social Security Act, per section 1924(c)(3)(C), where the state determines that denial of eligibility would work an undue hardship.